



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 9, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Crave, 2801 Pine Lake Road requesting a class A liquor license.

This is a previously approved location that allowed their class C liquor license to expire in 2012.

Myron Hollenbeck has applied to be the manager of the new liquor license.

Mr. Hollenbeck was approved on the previous license.

The required training was completed on August 11th 2011.

A search of Myron Hollenbeck criminal history shows only traffic offenses.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) HF Crave
 Street Address #1 2801 Pine Lake Road Suite W
 Street Address #2 _____
 City Lincoln County Lancaster #2 Zip Code 68516
 Premise Telephone number 402-423-2728 E-mail hollenbeckfarms@windstream.net

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name HF Crave

Street Address #1 2801 Pine Lake Rd Suite W

Street Address #2 _____

City Lincoln

State NE

Zip Code 68516

DESCRIPTION AND DIAGRAM OF THE PREMISES TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length _____ feet

Width _____ feet

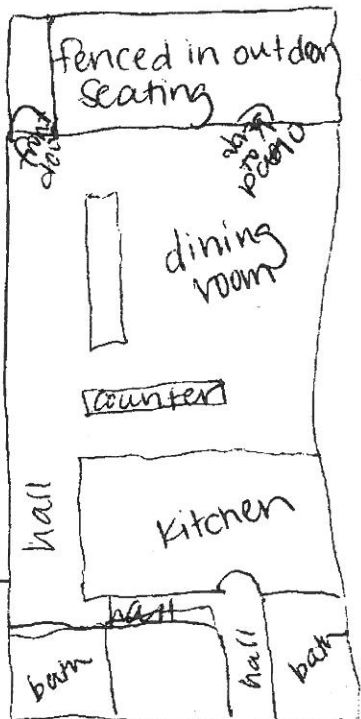
Is there a basement? Yes ☐ No ☒

No Basement

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

one story building? yes
 outdoor area? yes
 diagram?

one story building
 Approx 23 x 84
 including outdoor
 area approx 12 x 17



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no diagram
 submitted

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Myron Hollenbeck Jr.	see attach			Adm 2 2 2013
Mary Hollenbeck	2/25/2013	Lincoln, NE	improper backing	Adm 2 2 2013

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

94425 did not renew license in 2012

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) West Gate Bank

Signed, Peter Rea, PC

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Hollenbeck Jr First Name: Myron MI: L

Home Address (include PO Box if applicable): 7030 S 61st

City: Lincoln County: Lancaster NE Zip Code: 68516

Home Phone Number: 402-867-4288 Business Phone Number: 402-423-2728

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth _____ Place Of Birth: NE Lincoln

☒ YES

☐ NO

Signed, Peter Rea, PC

Spouses Last Name: Hollenbeck First Name: Marcy MI: M

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Osmond, NE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lincoln, NE</u>	<u>2010</u>	<u>2013</u>	<u>Lincoln, NE</u>	<u>2010</u>	<u>2013</u>
<u>Elmwood, NE</u>	<u>2000</u>	<u>2011</u>	<u>Elmwood, NE</u>	<u>2000</u>	<u>2011</u>

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Self		
95	98	Ennis IN Ceresco	Dean Swanson	402-465-3555

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

See

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See attached dmV	records			

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO
IF YES, list the name of the premise.
Hf Crave
3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO
4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
(Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)
☒ YES ☐ NO on file
5. List any alcohol related training and/or experience (when and where).

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE A
SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE VITAL RECORDS
THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS
THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
DEC 31 2003
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

CHILD—NAME FIRST MIDDLE LAST Myron Lee Hollenbeck Jr.			DATE OF BIRTH (MONTH, DAY, YEAR) 12-45-72		BIRTH NUMBER 5:35
SEX Male	TYPE BIRTH—SINGLE, TWIN, TRIPLET, ETC. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH Lincoln
CITY, TOWN, OR LOCATION OF BIRTH Lincoln			HOSPITAL—NAME St. Elizabeth Community Health Center		STREET AND NUMBER Elmwood, Nebraska
MOTHER—MAIDEN NAME FIRST MIDDLE LAST Karen Olive Williamson			AGE (AT TIME OF THIS BIRTH) 23		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Norwalk, Ohio
RESIDENCE—STATE Nebraska	COUNTY Cass	CITY, TOWN, OR LOCATION, ZIP CODE Elmwood 68349	INSIDE CITY LIMITS (SPECIFY YES OR NO) No		STREET AND NUMBER Elmwood, Nebraska
FATHER—NAME FIRST MIDDLE LAST Myron Lee Hollenbeck			AGE (AT TIME OF THIS BIRTH) 25		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Lincoln, Nebraska
INFORMANT—NAME OR SIGNATURE Mr. and Mrs. Myron L. Hollenbeck					RELATION TO CHILD Parents
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 12/10/72		ATTENDANT—M.D., D.O., OTHER (SPECIFY) M.D.
10a. SIGNATURE CERTIFIER—NAME J. C. Clyde, M.D.			10b. MAILING ADDRESS 130 Lakewood, Lincoln, Nebraska		DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1972
11a. REGISTRAR—SIGNATURE <i>[Signature]</i>			11b. DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1972		

RECEIVED

OCT 7 2013

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

06/01/2005

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

74

CHILD - NAME		FIRST		LAST		DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER		HOUR	
1. NAME		Nancy		Frerichs		3:55 P.M.					
2. SEX		Female		Single				COUNTY OF BIRTH		Pierce	
3. CITY, TOWN, OR LOCATION OF BIRTH		Osmond		HOSPITAL - NAME		Osmond General Hospital					
4. MOTHER - MARRIED NAME		Susan		MARRIED NAME		Marie					
5. RESIDENCE - STATE		Nebraska		CITY, TOWN, OR LOCATION, ZIP CODE		Allen 68710					
6. FATHER - NAME		Craig		MARRIED NAME		Lee					
7. INFORMANT - NAME OR SIGNATURE		Mrs. Craig Frerichs		DATE SIGNED		7-11-74					
8. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		SIGNATURE		DATE SIGNED		7-11-74					
9. CERTIFIER - NAME		H. J. Billerbeck, M.D.		MAILING ADDRESS		Randolph 68771					
10. REGISTRAR - SIGNATURE		Stanley S. Cooper		DATE RECEIVED BY LOCAL REGISTRAR		7-15-74					

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JUL 7 2013

NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of State, filed)

Name of Registered Agent: Myron Hollenbeck Jr.

Name of Limited Liability Company that will hold license, as listed on the Articles of Organization

Hollenbeck Farms LLC

LLC Address: 7030 S. 61st Street

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402.867.4288 LLC Fax Number _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Hollenbeck First Name: Myron Jr. MI: L

Home Address: 7030 S. 61st Street City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402.867.4288

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

by Patricia L. Knoll
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Hollenbeck First Name: Marcy MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Myron Hollenbeck Jr.

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: Hollenbeck Jr. First Name: Myron MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Marcy M Hollenbeck

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

MYRON HOLLENBECK JR

DOB: SSN: Relation to HH: Self
Address: 7030 S 61ST ST LINCOLN, NE 68516 Previous:

License #: State: NE

The information that is displayed below is to be regarded as CONFIDENTIAL and is not to be disclosed, published or disseminated any further.

MVR Report

as of: 03/26/2013 reference:

Original Requester: A031624 Originally Requested For: A031624

MVR Return Info:

Name and Address: HOLLENBECK, MYRON, L. JR; 7030 S 61ST ST; LINCOLN, NE 68516; COUNTY: LANCASTER (02);

Birth Date	Gender	SSN	Drivers License
	Male		
Issue Date	Expir. Date	Class	Status
07/25/2008		A-	VALID
GV-26001, TOW-10K			

Records:

Type	Code	Viol/ Sus Date	Conv/ Rein Date	Points	Description
VIOL	SC2	11/27/2012	02/11/2013	1	VIOLEATE STOP SIGN/TRAFFIC SIGNAL
				0	COURT: COUNTY COURT LINCOLN (02) NE
				0	SVC: 33110 B; FAIL TO OBEY TRAF DEV
VIOL	SP3C	08/23/2011	11/10/2011	3	SPD 11-15 MPH MUNI
				0	COURT: COUNTY COURT LINCOLN (02) NE
				0	SVC: 311EZ D; SPEED 11 PLUS OVER LIMIT
VIOL	ER11	08/23/2011	11/10/2011	0	NO OCCUPANT PROTECTIONS SYSTEM
				0	COURT: COUNTY COURT LINCOLN (02) NE
				0	SVC: 84310 A; FAIL TO USE RESTRAINT SYSTEM
VIOL	VR2	08/20/2010	09/30/2010	1	DRIVING DURING SUSPENSION
				0	COURT: COUNTY COURT LINCOLN (02) NE
				0	SVC: 12110 B; DRIV WHILE LIC SUSP/REV
VIOL	SP3B	08/20/2010	09/30/2010	2	SPEEDING 6-10 MPH MUNICIPAL
				0	COURT: COUNTY COURT LINCOLN (02) NE
				0	SVC: 311BC C; SPEED 6-10 OVER LIMIT
SUSP	RR2	11/10/2009		0	FAILURE TO COMPLY
				0	JURIS: NE ELIGIBILITY DATE: INDEF
				0	SVC: 12011 A; SUSPENSION
REIN			08/31/2010	0	REINSTATED